



**FALSE CLAIMS EDUCATION CERTIFICATION**  
ND DEPARTMENT OF HUMAN SERVICES/MEDICAL  
MEDICAL SERVICES DIVISION  
SFN 875 (4-2007)

Name of Entity	Tax ID Number
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Provider Names and North Dakota Medicaid Provider Numbers enrolled under umbrella entity's Tax ID number:

Provider Name	Provider Number	Provider Name	Provider Number

The above named entity receives Medicaid payments in excess of \$5,000,000 annually. In compliance with the False Claims Education Requirements, I certify that:

- \* Written policies and policies for the education of employees regarding false claims education been disseminated.
- \* The written policies include information about the entities policies and procedures for detecting and preventing waste, fraud and abuse.
- \* The employee handbook contains information on the Rights of Employees to be protected as whistleblowers, as well as administrative remedies, civil and criminal penalties.

Representative or Designee of Entity and Title	Date
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